

AO 440 (Rev. 03/08) Civil Summons

UNITED STATES DISTRICT COURT

for the
District of Delaware

Ernest T. Young

Plaintiff

v.

Life Insurance Company of North America

Defendant

Civil Action No. 08 - 194

Summons in a Civil Action

To: (Defendant's name and address)

Life Insurance Company of North America

(In care of: Delaware Department of Insurance,
841 Silver Lake Blvd, Dover, DE 19904)

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Herbert G. Feuerhake, Esq.
521 West Street
Wilmington, DE 19801
(302) 658-6101

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

4/7/08

PETER T. DALLEO

Name of clerk of court

[Signature]

Deputy clerk's signature

(Use 60 days if the defendant is the United States or a United States agency, or is an officer or employee of the United States allowed 60 days by Rule 12(a)(3).)


Proof of Service

I declare under penalty of perjury that I served the summons and complaint in this case on April 17, 2008 by:

- (1) personally delivering a copy of each to the individual at this place, _____; or
- (2) leaving a copy of each at the individual's dwelling or usual place of abode with _____ who resides there and is of suitable age and discretion; or
- (3) ^{by certified mail} delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is Georgia Oxford, Del. Dept. of Insurance; or
- (4) returning the summons unexecuted to the court clerk on _____.

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.00.

Date: April 25, 2008


Server's signature
Herbert G. Feuerhake
Printed name and title

521 West St. Wilmington DE
Server's address: 19801

The Law Office
of
HERBERT G. FEUERHAKE

A Professional Association

521 WEST STREET
WILMINGTON, DE 19801
(302) 658-6101

E-Mail: herblaw@verizonmail.com

HERBERT G. FEUERHAKE, ESQ.
MEMBER OF DE & CT BARS

FACSIMILE TRANSMISSION
(302) 658-6105

BY CERTIFIED MAIL. RETURN RECEIPT REQUESTED

April 16, 2008

Attn: Georgia Oxford
Delaware Department of Insurance
841 Silver Lake Blvd.
Dover DE 19904

Re: Ernest T. Young v. Life Ins. Co. of N. America, No. 09-194 in U.S. District Court for the District of Delaware

Dear Ms. Oxford:

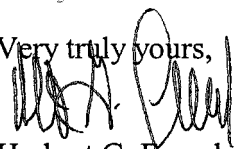
I represent Ernest T. Young, plaintiff in the above-referenced action. Enclosed you will find the following documents commencing suit in this matter:

1. Two copies of Complaint;
2. Two copies of Summons;
3. Two copies of Motion and Order for Admission Pro Hac Vice;
4. Two copies of Notice of Availability of a United States Magistrate Judge to Exercise Jurisdiction; and
5. Check No. 1075 from The Wood Law Firm in the amount of \$25.00 payable to "Delaware Commissioner of Insurance."

Please accept service of these documents on behalf of the above-referenced defendant, The Life Insurance Company of North America.

If you have any questions, please contact me immediately, or attorney John D. Wood, Esq.; Mr. Wood is an attorney practicing in Seattle, Washington, and can be reached at (206) 470-1342.

Very truly yours,


Herbert G. Feuerhake, Esq.

Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

APRIL 21, 2008

VIA CERTIFIED MAIL (70070710000490715578)
RETURN RECEIPT REQUESTED

MICHAEL A. JAMES, ESQ.
LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET, TL21A
PHILADELPHIA, PA 19192

RE: ERNEST T. YOUNG V. LIFE INS. CO. OF NORTH AMERICA
C.A.. NO. 08-194

Dear MR. JAMES:

Pursuant to 18 Del. C. § 525, the Delaware Insurance Commissioner was served with the enclosed legal process on APRIL 18, 2008.

Please do not send your response to the enclosed documentation to the Delaware Insurance Department. Instead, you should respond directly to the person or legal representative identified in the enclosed legal process.

Sincerely,

A handwritten signature in cursive script that reads "Georgia Oxford".

Georgia Oxford
Administrative Specialist II

Enclosure
cc: HERBERT G. FEUERHAKE, ESQ.

CERTIFIED MAIL™ RECEIPT
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DOVER DE 19904

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| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.28 |

Sent To: *Attn: Georgia Oxford / Delaware Dept of Insurance*
 Street, Apt. No., or PO Box No. *841 Silver Lake Blvd.*
 City, State, ZIP+4 *Dover, DE 19904*

PS Form 3800, June 2002 See Reverse for Instructions

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| Total: | | \$4.97 |

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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><i>Attn: Georgia Oxford Delaware Dept. of Insurance 841 Silver Lake Blvd. Dover, DE 19904</i></p> | <p>A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> <p><i>7004 2890 0002 4468 0574</i></p> | |